

## 1.1 ACCESS TO CARE

### Criterion 1.1.1 Scheduling care in opening hours

Our practice has a flexible system that enables us to accommodate patients with urgent, non-urgent, complex, planned chronic care, and preventive health needs.

#### Indicators

☒ A. There is evidence that our practice has a flexible system to accommodate patients with urgent, non-urgent, complex and planned chronic care, and preventive health needs (document review).

☒ B. Our practice informs patients that longer consultations are available on request (document review).

☒ C. Our practice staff can describe the way in which they identify urgent medical matters and their procedures for obtaining urgent medical attention (interview).

☒ D. Our practice has a written policy for dealing with urgent medical matters (document review).

☒ E. Our practice has used patient feedback to establish whether patients of our practice are aware of the availability of longer consultations (patient feedback).

☒ F. Our practice has used patient feedback to establish whether patients telephoning our practice have the urgency of their needs determined promptly (patient feedback).

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#### Review the practice triage and appointment systems.

1. How does your practice appointment system meet the needs of patients for urgent, non urgent, complex, chronic care and preventative health needs?
2. Do you believe the practice staff are adequately trained in triage procedures?

#### Your questions / comments:

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Criterion 1.1.2 Telephone and electronic advice

Patients of our practice are able to obtain advice or information related to their clinical care by telephone or electronic means where our GP(s) determine(s) that this is clinically safe and that a face-to-face consultation is unnecessary for that patient.

Indicators

- ☐ A. Our GP(s) and staff can describe our practice's policy on how they receive and return telephone calls and if applicable, electronic messages from patients (interview).
- ☐ B. For important communications, there is evidence of practice/patient telephone or electronic advice and information in our patient health records (health records review).
- ☐ C. Our practice has used patient feedback to establish whether patients are able to obtain advice or information related to their clinical care by telephone or if it is used – electronic means (patient feedback).
- ☐ D. Our practice information sheet describes our practice's policy on receiving and returning telephone calls and, if applicable, electronic communication (document review).

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**Review the practice policy and procedures on telephone calls.**

- 3. Does your practice have a documented policy on receiving and returning phone calls from patients?
- 4. Does this policy include electronic communication?

**Your questions / comments:**

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## 1.1 ACCESS TO CARE

### Criterion 1.1.3 Home and other visits

Regular patients of our practice are able to obtain visits from a GP (where such visits are safe and reasonable), in their home, residential aged care facility, residential care facility or hospital, both within and outside normal opening hours.

#### Indicators

☞ A. There is evidence that patients of our practice access home and other visits both within and outside normal opening hours (health records review, document review).

☞ B. Our GP(s) and staff can describe our practice's policy on home and other visits both within and outside normal opening hours, and the situations in which a visit is appropriate (interview).

☞ C. Our practice has a written policy on home and other visits both within and outside normal opening hours (document review).

☞ D. Our practice has used patient feedback to establish whether patients of our practice are aware of our arrangements for home and other visits both within and outside our normal opening hours (patient feedback).

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#### Review how the practice provides out of surgery care for patients.

5. Can you describe how the practice provides home or other out of surgery visits when appropriate?

#### Your questions / comments:

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### Criterion 1.1.4 Care outside normal opening hours

Our practice ensures reasonable arrangements for medical care for patients outside our normal opening hours.

#### Indicators

☞ A. There is evidence of one (or a combination) of the following for our patients:

- i) our practice's GP(s) provide(s) their own care for patients outside normal opening hours of the practice either individually or through a roster, or
- ii) formal arrangements for cooperative care outside the normal opening hours of our practice exist through a cooperative of one or more local practices, or
- iii) formal arrangements exist with an accredited medical deputising service, or
- iv) formal arrangements exist with an appropriately accredited local hospital or an after hours facility, in the circumstances where we do not use an accredited medical deputising service or cooperative.

Where a practice is providing care as indicated by A ii, A iii, or A iv, then the documentation of the arrangement must include:

- reference to the timely reporting of the care provided back to the patient's nominated practice, and
- a defined means of access for the deputising practitioner to patient health information and to our practice GP(s) in exceptional circumstances, and
- assessment by our practice that the care outside normal opening hours will be provided by appropriately qualified health professionals (document review).

☞ B. Patient health records contain reports or notes of consultations occurring outside normal opening hours by or on behalf of our practice (health records review).

☞ C. A message on our practice's telephone answering machine, call diversion system or paging system, and a sign visible from outside our practice, provide information to patients on how to obtain care outside our practice's normal opening hours (direct observation).

☞ D. Our practice has a written policy for the provision of medical care outside its normal opening hours (document review).

☞ E. Our practice has used patient feedback to establish whether patients of our practice are aware of our arrangements for medical care outside our practice's normal opening hours (patient feedback).

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Questions to follow.

**After hours care.**

- 6. After hours care for your practice patients is provided by: (please tick most appropriate response/s)
  - a. GP's in practice share roster?
  - b. Co-operative arrangement with other practices?
  - c. Medical deputising service?
  - d. Local hospital arrangement?
  - e. After hours facility arrangement?
- 7. How do you ensure patients are aware of these arrangements?

**Your questions / comments:**

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## 1.2 INFORMATION ABOUT THE PRACTICE

### Criterion 1.2.1 Practice information

Our practice provides patients with adequate information about our practice to facilitate access to care.

#### Indicators

☞ A. Our practice information sheet is available to patients and contains at a minimum:

- names of the GP(s) working in our practice
- names of staff providing clinical care to patients (subject to their consent)
- our practice address and telephone numbers
- our consulting hours and arrangements for care outside our practice's normal opening hours including a contact telephone number (document review).

☞ B. Our staff can describe how essential practice information is provided to patients who are unable to read or understand our written practice information sheet (interview).

☞ C. Our practice can demonstrate how it makes patients aware of our practice's policy for the management of patient health information (document review).

D. If our practice has a website, the information is accurate and meets standards of the AMA's current Code of Ethics (document review).

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#### Review how patients are provided with information about the practice.

8. Is this current and comprehensive?
9. Can your practice staff describe how they meet the needs of patients who can't read or understand your practice information sheet or other written material?

#### Your questions / comments:

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## 1.2 INFORMATION ABOUT THE PRACTICE

### Criterion 1.2.2 Informed patient decisions

Our practice gives patients sufficient information about the purpose, importance, benefits and risks associated with proposed investigations, referrals or treatments to enable patients to make informed decisions about their health.

#### Indicators

☞ A. Our GP(s) can describe how they inform patients about the purpose, importance, benefits and risks of proposed investigations, referrals or treatments (interview).

☞ B. Our GP(s) can describe how they use leaflets, brochures or written information to support their explanation of the diagnosis and management of conditions when appropriate (interview).

☞ C. Our practice has used patient feedback to establish whether patients of our practice receive sufficient information about the purpose, importance, benefits and risks of proposed investigations, referrals or treatments proposed by their GP to enable them to make informed decisions about their health (patient feedback).

☞ D. Our GP(s) can describe how they provide information (printed or otherwise) about medicines and medicine safety to patients (interview).

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#### Your questions / comments:

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1.2 INFORMATION ABOUT THE PRACTICE

Criterion 1.2.3 Interpreter services

Our practice has policies and procedures for communicating with patients who are not proficient in the primary language of our GP(s).

**Indicators**

- ☐ A. Our GP(s) and staff who provide clinical care can describe how they communicate with patients who do not speak the primary language of our practice’s GPs (interview).
- ☐ B. Our practice has a list of contact numbers for interpreter services (document review).

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**Review available data on country of origin & primary language of patients in your practice.**

10. How do practice support staff communicate with patients who do not speak English?

**Your questions / comments:**

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## 1.2 INFORMATION ABOUT THE PRACTICE

### Criterion 1.2.4 Costs within our practice

Our practice informs patients of the costs of care provided by our practice.

#### Indicators

- A. Our practice information sheet or a sign in our practice includes information about fees in our practice (document review or direct observation).
- B. Our GP(s) can describe how patients are informed of potential additional costs before treatments, investigations or procedures are performed by our practice in addition to the consultation (interview).
- C. Our practice has used patient feedback to establish whether patients of our practice are informed of costs before treatments, investigations, or procedures are performed by our practice in addition to the consultation (patient feedback).

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#### **Review the practice fees policy and information provided to patients.**

11. How does the practice advise patients of fees? (please tick)
  - a. via the information sheet?
  - b. via a sign in the practice?
12. Does the practice information sheet or fees notice provide sufficient information?
13. Does the practice have a policy whereby patients are informed of potential additional costs for procedures or investigations performed in addition to the consultation?

#### **Your questions / comments:**

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## 1.2 INFORMATION ABOUT THE PRACTICE

### Criterion 1.2.5 Costs for referred services

Our practice informs patients of the potential for costs when they are referred for investigation or a consultation with medical specialists, allied health professionals or other health services.

#### Indicators

☐ A. Our GP(s) can describe how patients are advised of the potential for costs when they are referred for investigation, or for initial consultation with a medical specialist or allied health professional (interview).

☐ B. Our practice has used patient feedback to establish whether patients are advised of the potential for costs when they are referred for investigation or for initial consultation with a medical specialist or allied health professional (patient feedback).

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#### **Review available information about potential costs for referred services.**

14. How does your practice inform patients of the potential for out of pocket costs associated with referred investigations or consultations with specialists or allied health professionals?

#### **Your questions / comments:**

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## 1.3 HEALTH PROMOTION AND PREVENTION OF DISEASE

### Criterion 1.3.1 Health promotion and preventive care

Our practice provides health promotion and illness prevention services that are based on best available evidence.

#### Indicators

- ☐ A. There is evidence that our practice provides information about health promotion and illness prevention to patients (health records review, document review).
- ☐ B. There is a range of posters, leaflets, and brochures about health issues relevant to the community available or on display in the waiting area or consulting areas (direct observation).
- ☐ C. Our GP(s) and staff who provide clinical care can describe how they provide information to patients on issues relating to health promotion and illness prevention, including issues relevant to common patient presentations (interview).
- ☐ D. Our practice uses one or more of the following:
  - flagging of patient health records for opportunistic preventive activities
  - paper or electronic system showing due dates for preventive activities (subject to informed patient consent)
  - paper or electronic reminder system with appropriate informed patient consent (health records review, document review).
- ☐ E. Our practice participates in national/state or territory reminder systems/registers (subject to informed patient consent) (document review).
- ☐ F. Our practice has used patient feedback to establish whether our GP(s) discuss health promotion and illness prevention with patients (patient feedback).

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#### Review your practice health promotion and illness prevention information and strategies.

15. Does the practice have a formal process for review of patient material for health promotion and illness prevention?

#### Your questions / comments:

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## 1.4 DIAGNOSIS AND MANAGEMENT OF SPECIFIC HEALTH PROBLEMS

### Criterion 1.4.1 Evidence based practice

Our practice ensures that our approaches to common and serious conditions are consistent with best available evidence.

#### Indicators

- ☒ A. Our practice can demonstrate that we have ready access to a range of current references relevant to general practice (direct observation).
- ☒ B. There is evidence in our patient health records that our practice provides care of common and serious conditions that is consistent with clinical practice based on best available evidence (health records review).
- ☒ C. Our GP(s) can describe how they ensure that their approaches to common and serious conditions are broadly consistent with clinical practice based on best available evidence (interview).
- ☒ D. Our GP(s) can describe and have access to the clinical practice guidelines used to assist in the management of serious and common conditions (interview).
- E. Our GP(s) can explain how they can access guidelines for specific clinical care of patients who self identify as Aboriginal or Torres Strait Islander (interview).

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#### Your questions / comments:

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## 1.4 DIAGNOSIS AND MANAGEMENT OF SPECIFIC HEALTH PROBLEMS

### Criterion 1.4.2 Clinical autonomy for general practitioners

Our practice ensures that all GPs in our practice can exercise autonomy in decisions that affect clinical care.

#### Indicators

- ☞ A. Our GP(s) are free to determine:
  - the specialists and other health professionals to whom they refer
  - the pathology, diagnostic imaging or other investigations they order, and the provider they use
  - how and when to schedule follow up appointments with individual patients
  - whether to accept new patients (subject to criterion 2.1.1) (interview).
- ☞ B. Our GP(s) are consulted about:
  - the scheduling of appointments
  - the equipment and supplies that our practice uses (interview).
- ☞ C. Our practice has a written policy that confirms that our GP(s) can exercise autonomy in decisions that affect clinical care, within the parameters of evidence based medicine (document review).

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#### Review the practice agreements or other relevant documentation.

16. Are all doctors in the practice guaranteed clinical autonomy in writing for decisions relating to patient care?

17. How does your practice ensure equipment and supplies provided meet the clinical and professional needs of practitioners?

#### Your questions / comments:

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## 1.5 CONTINUITY OF CARE

### Criterion 1.5.1 Continuity of comprehensive care

Our practice provides continuity of comprehensive care to patients.

#### Indicators

- ☒ A. Over 25% of our active patient health records include entries extending back over more than 2 years (health records review).
- ☒ B. Our practice has strategies or policies that encourage continuity of comprehensive care (interview, document review).

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#### Continuity of care.

18. In what year was the practice established?

19. Does the practice have a system to encourage continuity of care? Please explain.

#### Your questions / comments:

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## 1.5 CONTINUITY OF CARE

### Criterion 1.5.2 Continuity of the therapeutic relationship

Patients attending our practice are able to see the GP of their choice, if available.

#### Indicators

- ☐ A. Our staff can describe how patients can request their preferred GP when making an appointment or attending our practice (interview).
- ☐ B. A sample of patient health records indicates that patients generally see the same GP (health records review).
- ☐ C. Our practice has used patient feedback to establish whether patients of our practice are able to see the GP of their choice, if available (patient feedback).

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#### Review the practice appointment system.

20. Do you have a system that enables and supports patients to see the doctor of their choice?
21. Do patients in your practice generally see the same GP?

#### Your questions / comments:

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## 1.5 CONTINUITY OF CARE

### Criterion 1.5.3 Consistent approach

A consistent approach is adopted within our practice to the diagnosis and management of common and serious conditions of individual patients.

#### Indicators

- ☐ A. Our GP(s) and staff who provide clinical care can describe how they ensure consistency of diagnosis and management of common and serious conditions (within the parameters of evidence based care) within our practice (interview).
- ☐ B. Our practice has regular meetings to discuss clinical care (interview, document review).

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#### Your questions / comments:

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### Criterion 1.5.4 System for follow up of tests and results

Our practice has a system for the follow up and review of tests and results.

#### Indicators

☞ A. Our patient health records contain evidence that pathology results, imaging reports, investigation reports and clinical correspondence received by our practice have been:

- reviewed by a GP
- initialled, and
- where appropriate, acted upon in a timely manner (health records review).

☞ B. Our GP(s) and staff can describe the system by which pathology results, imaging reports, investigation reports, and clinical correspondence received by our practice are:

- reviewed
- signed or initialled (or the electronic equivalent)
- acted on in a timely manner, and
- incorporated into the patient health record (interview).

☞ C. Our practice has a written policy describing the review and management of pathology results, imaging reports, investigation reports and clinical correspondence received by our practice (document review).

☞ D. Our GP(s) and staff can describe how patients are advised of the process for the follow up of results (interview).

☞ E. Our GP(s) and staff can describe the procedure for follow up and recall of patients with clinically significant tests and results (interview).

☞ F. Our practice has a system to recall patients with clinically significant tests and results (document review).

☞ G. Our practice has a written policy to follow up and recall patients with clinically significant tests and results (document review).

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#### **Examine the practice system for review and follow up of investigations and results.**

22. Does this system ensure that all patients with significant results are followed up in an appropriate manner?

23. What arrangements are in place when a doctor or other responsible provider is absent?

24. What role, if any do you play in the system? Please explain.

#### **Your questions / comments:**

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## 1.6 COORDINATION OF CARE

### Criterion 1.6.1 Engaging with other services

Our practice engages with a range of health, community and disability services to plan and facilitate optimal patient care.

#### Indicators

- ☐ A. Our practice demonstrates how it engages with the following:
- medical services such as diagnostic services, hospitals and specialist consultant services
  - allied health services
  - disability and community services, and
  - health promotion and public health services and programs (document review, interview).
- ☐ B. There is evidence our practice refers patients to health, community or disability services (health records review).

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#### Review available services and referring patterns within the practice.

25. Does your practice have a listing or database readily available outlining the health, community and disability services available?

#### Your questions / comments:

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Criterion 1.6.2 Referral documents

Our referral documents to other health care providers contain sufficient information to facilitate optimal patient care.

**Indicator**

☐ A. Our practice can demonstrate that referral letters are legible and where appropriate:

- include the purpose of the referral
- include relevant history, examination findings and current management
- include a list of allergies and current medicines
- are on appropriate practice stationery
- are documented in patients' health records (health records review).

**Your questions / comments:**

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## 1.7 CONTENT OF PATIENT HEALTH RECORDS

### Criterion 1.7.1 Patient health records

For each patient we have an individual patient health record containing all clinical information held by our practice relating to that patient.

#### Indicators

☞ A. There is evidence that each patient has an individual patient health record containing all clinical information held by our practice relating to that patient (health records review).

☞ B. Our patient health records are legible (health records review).

☞ C. Our active patient health records include contact and demographic information (where appropriate) including:

- the patient's full name
- date of birth
- gender
- contact details (health records review).

☞ D. Our practice can demonstrate that we are working toward recording the following information in our active patient health records:

- self identified cultural background (eg. Aboriginal and Torres Strait Islander self identification)
- the person that the patient wishes to be contacted in an emergency (interview or health records review).

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#### Review the practice medical records system.

26. What medical records system is used? (Electronic / paper based / hybrid.)  
Please specify name eg RACGP, Medical Director, Plexus, Genie etc.

27. Do the majority of patient records include significant baseline demographic and contact / emergency information?

#### Your questions / comments:

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## 1.7 CONTENT OF PATIENT HEALTH RECORDS

### Criterion 1.7.2 Health summaries

Our practice incorporates health summaries into active patient health records.

#### Indicators

☞ A. At least 90% of our active patient health records contain a record of allergies in the health summary (health records review).

☞ B. At least 50% of our active patient health records contain a health summary. A satisfactory summary includes, where appropriate:

- adverse medicines events
- current medicines list
- current health problems
- past health history
- risk factors
- immunisations
- relevant family history
- relevant social history (health records review).

☞ C. Our patient health records show evidence that health summaries are updated to reflect recent important events (health records review).

☞ D. If our practice uses both an electronic and paper based system for recording a patient's health summary, our practice can demonstrate how the patient's health information is made accessible (interview).

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#### **Conduct an audit of at least 20 active patient records. (if authorised, otherwise coordinate audit with the Practice Nurse).**

28. Do at least 90% of these records contain a note of allergies?
29. Do at least 50% of these records contain a comprehensive health summary meeting the requirements of Criterion 1.7.2?
30. What strategies are in place to ensure that health summaries are kept up to date?

(Note: For a definition of active patient records see Glossary in RACGP Standards for General Practice 3<sup>rd</sup> Edition)

#### **Your questions / comments:**

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## 1.7 CONTENT OF PATIENT HEALTH RECORDS

### Criterion 1.7.3 Consultation notes

Each of our patient health records contains sufficient information about each consultation to allow another doctor to carry on the management of the patient.

#### Indicators

- ☞ A. Our patient health records document consultations – including consultations outside normal opening hours, home or other visits, telephone or electronic consultations where clinically significant – comprising:
- date of consultation
  - patient reason for consultation
  - relevant clinical findings
  - diagnosis
  - recommended management plan and where appropriate expected process of review
  - any prescribed medicine (including medicine name, strength, directions for use/dose frequency, number of repeats, and date medicine started/ceased/changed)
  - any relevant preventive care undertaken
  - documentation of any referral to other health care providers or health services
  - any special advice or other instructions
  - identification of who conducted the consultation, eg. by initial in the notes, or audit trail in electronic record (health records review).
- ☞ B Our patient records show evidence that problems raised in previous consultations are followed up (health records review).

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#### Your questions / comments:

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## 2.1 COLLABORATING WITH PATIENTS

### Criterion 2.1.1 Respectful and culturally appropriate care

Our practice provides respectful and culturally appropriate care to patients.

#### Indicators

- ☞ A. Our practice does not discriminate against patients on the basis of their gender, race, disability, Aboriginality, age, sexual preference, beliefs or medical condition (interview).
- ☞ B. Our GP(s) and staff who provide clinical care can describe how they provide care for a patient who refuses a specific treatment, advice or procedure (interview).
- ☞ C. Our GP(s) can describe what they do when a patient informs them that they intend to seek a further clinical opinion (interview).
- ☞ D. Our GP(s) can describe what they do to transfer care to another GP in our practice or in another practice when a patient wants to leave the GP's care (interview).
- ☞ E. Our GP(s) can describe arrangements for managing the transfer of care of a patient whom a GP within our practice no longer wishes to treat (interview).
- ☞ F. Our GP(s) and staff can describe how our practice provides privacy for patients and others in distress (interview).
- ☞ G. Our practice has used patient feedback to establish whether patients of our practice are treated respectfully by our GP(s) and staff (patient feedback)
- ☞ H. Our GP(s) and staff can identify important/significant cultural groups within our practice, and outline the strategies we have to meet their needs (interview).

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#### Review the practice policies in regard to discrimination and respectful care.

31. Are you satisfied these policies are documented and explicit?
32. Have important / significant cultural groups within the practice been identified?
33. Are all practice administration and support staff familiar with and in agreement with policies and procedures in relation to:
  - a. Patients seeking a further clinical opinion either from a consultant, another doctor within the practice or in another practice?and
  - b. Patients the doctor no longer wishes to treat?

#### Your questions / comments:

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## 2.1 COLLABORATING WITH PATIENTS

### Criterion 2.1.2 Patient feedback

Our practice provides opportunities for, and responds to, patient feedback.

#### Indicators

- ☞ A. Our practice has a process for receiving and responding to feedback and complaints from patients and other people (document review).
- ☞ B. Our GP(s) and staff can describe the processes for receiving and responding to feedback and complaints from patients and other people (interview).
- ☞ C. Our practice makes contact information for the state/territory health complaints agency readily available to patients on request (interview, document review).
- ☞ D. Our practice has used patient feedback to establish whether patients of our practice are confident that any feedback and complaints they make to our practice would be handled appropriately (patient feedback).
- ☞ E. Our practice can describe an improvement we have made in response to patient feedback or complaints (interview).

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#### **Review the practice policies and arrangements in regard to feedback and complaints from patients.**

- 34. Does the practice have a written policy or procedure for patients to make a complaint or provide feedback?
- 35. Are the complaints or significant feedback recorded?
- 36. Whom (and what position) in the practice is responsible for handling patient complaints within the practice?
- 37. Could you provide details of any improvements / changes made in the practice as result of patient feedback / complaints?

#### **Your questions / comments:**

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## 2.1 COLLABORATING WITH PATIENTS

### Criterion 2.1.3 Presence of a third party

The presence of a third party observing or being involved in the clinical care during a consultation occurs only with the permission of the patient prior to the consultation.

#### Indicators

☞ A. Our GP(s) and staff can describe how and when they inform patients and obtain their prior permission for the presence of a third party during consultations (interview).

☞ B. Our practice has used patient feedback to establish whether patients of our practice who have a third person present at a consultation were asked prior to the consultation (patient feedback).

☞ C. Our practice has a policy about the presence of a third person present at a consultation (documents review).

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#### Review the practice procedures in relation to the presence of a third party during consultations.

38. Are there occasions in the practice where a third party may be present during consultations? (e.g. Medical Student, Practice Nurse with GP, Registrar, Husband/Wife, Friend etc.)
39. Does the practice have a documented policy or procedure about the presence of a third party during consultations?
40. How does the practice obtain informed patient consent for the presence of a third party during consultations?

#### Your questions / comments:

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Criterion 3.1.1 Quality improvement activities

Our practice supports quality improvement activities.

**Indicators**

- ☞ A. Our GP(s) and staff can describe an aspect(s) of our practice we have improved in the past 3 years (interview).
- B. Our practice uses data about our practice population for quality improvement (interview or document review).

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**Review your practice quality improvement system.**

- 41. Can you describe a quality improvement activity the practice has undertaken?
- 42. How does your practice use practice data for quality improvements?
- 43. How does your practice identify areas for improvement?
- 44. Whom (and what position) in the practice is responsible for recording and reviewing improvements?
- 45. Provide examples of improvements that have been made to the practice, and the processes undertaken.
- 46. How are staff encouraged to be involved in quality improvement activities?

**Your questions / comments:**

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**Criterion 3.1.2 Clinical risk management system**

Our practice has a clinical risk management system to enhance the quality and safety of our patient care.

**Indicators**

☐ A. Our GP(s) and clinical staff can describe the process for identifying and reporting a slip, lapse or mistake in clinical care (interview).

B. Our GP(s) and clinical staff can describe an improvement we have made to prevent slips, lapses and mistakes in clinical care from reoccurring (interview).

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**Your questions / comments:**

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### Criterion 3.2.1 General practitioner qualifications

All GPs in our practice are appropriately qualified and trained, have current registration, and participate in continuing professional development.

#### Indicators

☞ A. All of our doctors can provide evidence of current state or territory based medical registration (document review).

☞ B. Our practice demonstrates that all our doctors are recognised GPs, with the exception of other specialists practising within their specialty or trainees undertaking a placement to gain experience in general practice as part of some other specialist training program, OR

Where recruitment of recognised GPs has been unsuccessful, our practice demonstrates that doctors have the qualifications and training necessary to meet the needs of patients (interview, document review).

☞ C. Our practice can provide evidence of satisfactory participation in the RACGP QA&CPD Program by all our GPs, OR

Our practice can provide evidence that our doctors participate in quality improvement and continuing professional development to at least the same standard as the RACGP QA&CPD Program (document review).

☞ D. Our GP(s) have undertaken training in CPR within the past 3 years (document review).

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**For accreditation and risk management purposes, it is important that the practice maintains records of qualifications, training, registration and professional development. Conduct an audit of all General Practitioner personnel files.**

47. Do all the files contain copy of:
- a. Medical board registration?
  - b. Medical qualifications including FRACGP or evidence of vocational registration?
  - c. Medical defence?
  - d. Professional development activities undertaken?
  - e. QA&CPD Number / PDP Number?



### Criterion 3.2.2 Clinical staff qualifications

All our staff involved in clinical care are appropriately trained for their role in our practice.

#### Indicators

- ☐ A. Our general practice nurses and allied health professionals have appropriate training, qualifications and current registration, and participate in continuing education relevant to their role (interview, document review).
- ☐ B. Our staff members who are involved in clinical care have appropriate training and qualifications, and participate in continuing education relevant to their role (interview, document review).
- ☐ C. Our staff involved in clinical care have undertaken training in CPR in the past 3 years (document review).

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#### **Review Practice Nurses and employed/contracted Allied Health Professionals personnel files.**

48. Do the files contain relevant copies of:
- a. Current registration?
  - b. Appropriate training attended?
  - c. Qualifications?
  - d. Continuing education activities attended?
  - e. CPR training attended within the past 3 years?



## 3.2 EDUCATION AND TRAINING

### Criterion 3.2.3 Training of staff who have non-clinical roles

Our administrative staff participate in training.

#### Indicators

- ⌘ A. Our administrative staff can describe training undertaken within the past 3 years that is relevant to their role in our practice (interview).
- ⌘ B. There is evidence that our administrative staff have undertaken training within the past 3 years that is relevant to their role in our practice (document review).
- C. Our administrative staff have undertaken training in CPR in the past 3 years (interview, document review).

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#### **Review documents relating to qualifications and skills for practice administration and support staff.**

- 49. Do you have a system to ensure that administrative staff are provided with training relevant to their roles?
- 50. Do you have a system to ensure that administrative staff are up to date with CPR?

#### **Your questions / comments:**

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## 4.1 PRACTICE SYSTEMS

### Criterion 4.1.1 Human resource system

Our practice has a system to manage its human resources.

#### Indicators

- A. Our GP(s) and staff can describe their roles within our practice (interview).
- B. Our practice can identify the person/people who coordinate the seeking of feedback, and the investigation and resolution of complaints (interview).
- C. Our practice can identify the person/people leading its clinical improvement (interview).
- D. Our staff are able to discuss administrative matters with the GP(s), practice directors and/or owner(s) when necessary (interview).
- E. Our practice has an induction program for new GPs and new staff (document review).
- F. Our employed GP(s) and staff have position statements/job descriptions (document review).
- G. We have a regular staff meeting (interview or document review).

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#### Review your practice human resources system.

51. Does this system include: (please tick)

- a. An organisational chart?
- b. Position statements or job descriptions for all staff?
- c. Documented orientation / induction and training programs?

52. Does this system nominate individuals or position responsible for: (please advise)

- a. Handling feedback and complaints from patients?
- b. Handling staff grievances?
- c. Clinical improvement and quality assurance within the practice?
- d. Coordinating orientation / induction program for new GPs and other staff?

#### Your questions / comments:

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## 4.1 PRACTICE SYSTEMS

### Criterion 4.1.2 Occupational health and safety

Our practice implements strategies to ensure the occupational health and safety of our GP(s) and staff.

#### Indicators

- ☒ A. Our practice and office equipment is appropriate for its purpose (direct observation).
- ☒ B. At least one staff member, in addition to the GP(s), is present when our practice is open for routine consulting (interview).
- C. Our GP(s) and staff can explain how our practice supports their health and wellbeing (interview).
- D. Our practice has a documented occupational health and safety policy (document review).

#### **Review your practice occupational health and safety system.**

53. Does the practice occupational health and safety policy and/or procedures outline mechanisms for ensuring the health of all persons working in the practice?

#### **Your questions / comments:**

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Criterion 4.2.1 Confidentiality and privacy of health information

Our practice has a systematic approach to managing the confidentiality and privacy of patient health information in our practice.

**Indicators**

- A. Our GP(s) and staff can describe how they ensure confidentiality and security of patient health records (interview).
- B. Our staff can demonstrate that patient health records can be accessed by authorised staff at the time of consultation (interview, direct observation).
- C. Our GP(s) and staff can describe the processes we use to provide patients with access to their health information (interview).
- D. If our practice participates in research, we can show evidence that this research has been approved by a HREC, constituted according to NHMRC guidelines (document review).
- E. Our practice has a written policy for the management of patient health information (document review).

**Review the practice system for managing confidentiality and privacy of patients.**

- 54. Describe how the practice ensures confidentiality and privacy of patient health information within the practice.
- 55. Have all staff and GPs signed a confidentiality statement?
- 56. Can you describe the procedure for when patients want to access their medical record?

**Your questions / comments:**

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### Criterion 4.2.2 Information security

The security of patient health information in our practice is maintained.

#### Indicators

- A. Patient health information in our practice is neither stored nor left visible in areas where members of the public have unrestricted access, or where constant staff supervision is not easily provided (interview, direct observation).
- B. Our facsimile machines, printers and other communication devices are only accessible to authorised staff (direct observation).
- C. Our GP(s) and staff can describe how they ensure security of patient health records (interview).
- D. If our practice uses computers to store patient health information, our practice ensures that:
  - our GP(s) and staff have personal passwords to authorise appropriate levels of access to health information
  - screensavers or other automated privacy protection devices are enabled
  - backups of electronic information are performed at a frequency consistent with a documented information disaster recovery plan
  - backups of electronic information are stored in a secure offsite environment
  - antivirus software is installed and updated
  - all internet connected computers have hardware/software firewalls installed (document review).
- E. If our practice uses computers to store personal health information, our practice has an information disaster recovery plan that has been developed, tested and is documented (document review).

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**Where relevant, review the security of the practice computerised or hybrid system for storing patient health information /medical records.**

57. Can you outline whether the system has provision for: (please tick)

- a. Personal password for each authorised user?
- b. Screensavers enabled?
- c. Backup system meets the requirements outlined in 4.2.2D?
- d. Current antivirus software installed (where necessary)?
- e. Internet connected computers have firewalls?

58. Whom (and what position) in the practice is responsible for the backup system?

**Your questions / comments:**

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## 4.2 MANAGEMENT OF HEALTH INFORMATION

### Criterion 4.2.3 Transfer of patient health information

On request by the patient, our practice transfers a summary or a copy of the patient health record to the patient, another medical practitioner, health service provider or health service.

#### Indicators

- ☐ A. Our GP(s) and staff can describe the procedures for transferring patient health information to another service provider or health service (interview).
- ☐ B. We record the request by the patient to transfer patient health information on the file. This note includes details of where the information was sent and who authorised the transfer (health records review).
- ☐ C. When we collect identifiable patient health information for QA&CPD activities, we only transfer it to a third party if the patient provides their consent (document review).
- ☐ D. When we collect de-identifiable patient health information for QA&CPD activities, we only transfer it to a third party if we have approval to do so from a recognised medical college's QA&CPD process (document review).
- ☐ E. Our electronic data transmission of patient health information over a public network is encrypted (document review).

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#### Review the practice system for transferring patient health information to another provider.

59. Is a patient's request to transfer their medical records recorded on their file?

#### Your questions / comments:

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## 4.2 MANAGEMENT OF HEALTH INFORMATION

### Criterion 4.2.4 Retention and destruction of patient health information

Our practice has a system for the retention of – and any destruction of – patient health information.

#### Indicators

- ☒ A. Our practice keeps individual patient health information until the patient has reached the age of 25 years or for a minimum of 7 years from the time of our last contact with the patient, whichever is the greater (interview).
- ☒ B. Our practice has a process for identifying, storing, retrieving and culling inactive patient health information (interview, direct observation).
- ☒ C. Our practice has an appropriate method of destruction prior to disposal (eg. shredding) of material containing patient health information (interview, direct observation).

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#### Review your practice system for the retention and destruction of patient health information.

60. Describe the practice policy and procedures regarding the retention and destruction of patient health information.
61. Are you satisfied that this system meets all requirements of Criterion 4.2.4 while enhancing practice efficiency and access to records when required?

#### Your questions / comments:

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### Criterion 5.1.1 Practice facilities

Our practice facilities are appropriate for a safe and effective working environment for patients, staff and GPs.

#### Indicators

☒ A. Our practice has at least one dedicated consulting/examination room for every GP working in our practice at any time (interview, direct observation).

☒ B. Each of our consultation rooms (which may include an attached examination room/area):

- is free from excessive extraneous noise
- has adequate lighting
- has an examination couch
- is maintained at a comfortable ambient temperature
- has facilities to protect patient privacy when patients need to undress for a clinical examination (provision of an adequate curtain or screen, and gown or sheet) (direct observation).

☒ C. Our practice has a waiting area sufficient to accommodate the usual number of patients and other people who would be waiting at any time (direct observation).

D. Our practice waiting area caters for the specific needs of children (direct observation).

☒ E. Our practice has toilets and hand cleaning facilities readily available for use by patients and staff (direct observation).

F. Where appropriate, our practice has heating and/or air conditioning (direct observation).

☒ G. Our practice has a telephone system with sufficient inward and outward call capacity (staff interview, direct observation).

☒ H. Our practice has the capability for electronic communication by facsimile or email (direct observation).

☒ I. Prescription pads, letterhead, administrative records and other official documents stored in our practice are accessible only to authorised persons (direct observation).

☒ J. Our practice can demonstrate that we ensure there is no smoking in our practice (interview, document review, direct observation).

☒ K. Our practice has used patient feedback to establish whether patients of our practice find it is easy to contact our practice by telephone (patient feedback).

☒ L. Our practice has used patient feedback to establish whether patients of our practice are satisfied with facilities in our consultation area(s) (patient feedback).

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Questions to follow.

**Review the practice facilities.**

- 62. Do the practice facilities meet all the requirements of Criterion 5.1.1?
- 63. What type of telephone system does your practice have?
- 64. How many incoming lines?
- 65. How many outgoing lines?
- 66. Are any telephone lines shared with the internet/fax?
- 67. Do you have a separate fax number?
- 68. Do any Doctors carry mobile phones whilst in the practice?

**Your questions / comments:**

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Criterion 5.1.2 Physical conditions conducive to confidentiality and privacy

The physical conditions in our practice encourage patient privacy and confidentiality.

**Indicators**

☑ A. The physical facilities of our practice encourage patient confidentiality and privacy (direct observation).

☑ B. Visual and auditory privacy of consultations and treatments is ensured (direct observation).

☑ C. Our practice has used patient feedback to establish whether patients of our practice think our practice makes adequate provisions for their privacy (patient feedback).

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**Review the practice facilities.**

69. Are you satisfied that the physical facilities of the practice support and enhance patient confidentiality and privacy?

70. Is visual and auditory privacy for patients assured during consultations and treatments? Please explain.

**Your questions / comments:**

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Criterion 5.1.3 Physical access

Our practice provides appropriate physical access to our premises and services including access for people with disabilities.

**Indicators**

A. There is wheelchair access to our practice and its facilities (direct observation), OR

If physical access is limited, our practice provides home or other visits to patients with disabilities (interview).

B. There is adequate parking within a reasonable distance from our practice (direct observation).

C. Our GP(s) and staff can describe how they facilitate access to our practice for patients with disabilities (interview).

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**Review the current facilities or arrangements for access for patients with disabilities.**

71. Are these appropriate for practice patients?

**Review the current arrangements for parking for practice staff and patients.**

72. Are these adequate?

**Your questions / comments:**

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Criterion 5.2.1 Practice equipment

Our practice has access to medical equipment necessary to ensure comprehensive primary care and resuscitation.

**Indicators**

☞ A. Equipment for comprehensive primary care and resuscitation is available within our practice, including:

See list in standards book pages 69 -70.

☞ B. Our practice has timely access to the following equipment:

- spirometer
- electrocardiograph (direct observation, interview).

☞ C. Our GP(s) can list procedures commonly performed within our practice and can demonstrate that available equipment is sufficient for these procedures (interview).

☞ D. Our practice has a schedule for the maintenance of our key clinical equipment (document review).

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**Your questions / comments:**

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Criterion 5.2.2 Doctor's bag

Our practice ensures that each GP has access to a doctor's bag.

**Indicators**

- ☞ A. Each of our GP(s) has access to a doctor's bag (interview, direct observation).
- ☞ B. When in use, our doctor's bag(s) contains:
  - auriscope
  - disposable gloves
  - equipment for maintaining an airway in both adults and children
  - in-date medicines for medical emergencies
  - ophthalmoscope
  - practice stationery (including prescription pads and letterhead)
  - sharps container
  - sphygmomanometer
  - stethoscope
  - syringes and needles in a range of sizes
  - thermometer
  - torch (direct observation).

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**Review your practice doctor's bag.**

- 73. Are you satisfied that all doctors in the practice have access to a doctor's bag?
- 74. Does each doctor's bag meet the content requirements of Criterion 5.2.2 and individual needs of doctors given the practice circumstances?
- 75. Whom (and what position) in the practice is responsible for regularly checking the Doctor's bag?
- 76. How often is this check carried out?

**Your questions / comments:**

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Criterion 5.3.1 Schedule 8 medicines

Our practice ensures that Schedule 8 medicines are stored securely and are only accessed by authorised personnel.

**Indicators**

A. Schedule 8 medicines stored in our practice are securely stored (direct observation).

B. The acquisition, storage, use, transfer and disposal of Schedule 8 medicines in our practice is appropriately documented (document review).

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**Review your state’s legislation for Schedule 8 medicines.**

77. Does your practice system meet the requirements in terms of: (please tick)

- a. Storage?
- b. Prescribing?
- c. Recording?
- d. Disposal?

78. Whom (and what position) in the practice is responsible for checking the Schedule 8 stock to ensure it is in date and correctly recorded?

**Your questions / comments:**

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Criterion 5.3.2 Vaccine potency

Our practice has appropriate processes that maintain the potency of vaccines.

Indicators

- ☐ A. Our practice can demonstrate how our practice’s cold chain management processes meet the current published edition of the NHMRC guidelines (direct observation).
- ☐ B. Our GP(s) and staff can describe how the process used for cold chain management meets the current published edition of the NHMRC guidelines (interview).
- ☐ C. Our practice has a documented policy for cold chain management procedures in accordance with the current published edition of the NHMRC guidelines (document review).

**Review your practice cold chain and vaccine storage system.**

- 79. Does this system ensure storage and handling that maintains the potency of vaccines?
- 80. Whom (and what position) in the practice is responsible for maintaining stock levels and checking expiry dates of vaccines?
- 81. Whom (and what position) in the practice is responsible for the daily monitoring of the minimum/maximum temperatures of the vaccine fridge?

**Your questions / comments:**

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## 5.3 CLINICAL SUPPORT PROCESSES

### Criterion 5.3.3 Perishable materials

Perishable materials held in our practice (medicines, vaccines and other health care products) are not kept or used beyond their expiry dates.

#### Indicators

- ☐ A. Our practice does not use or have medicines, vaccines or medical consumables beyond their expiry date in our practice or doctor's bag(s) (direct observation).
- ☐ B. Our relevant staff can describe the procedure for checking expiry dates of perishable materials and for disposing of such materials where necessary (interview).
- ☐ C. Our practice has a written procedure for checking expiry dates of perishable materials and for disposing of such materials where necessary (document review).

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#### Review your practice clinical stock control system.

- 82. Does this system ensure that no medical consumables, vaccines or medications are stored beyond their expiry dates?
- 83. Whom (and what position) in the practice is responsible for checking the expiry dates of medical consumables, vaccines and medications?

#### Your questions / comments:

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### Criterion 5.3.4 Infection control

Our practice manages the risk of cross infection in accordance with the current edition of the RACGP Sterilisation/disinfection guidelines for general practice.

#### Indicators

☞ A. Our GP(s) and staff can describe how our practice ensures that, where necessary, sterile equipment is used in clinical procedures (interview).

☞ B. Our GP(s) or staff members with designated responsibility can describe in detail how the use of sterile equipment is assured, including where relevant:

- provision of an adequate range of disposable equipment
- procedures for having instruments sterilised off-site
- procedures for on-site sterilisation of equipment
- monitoring the integrity and validation of the whole sterilisation process and steriliser maintenance
- procedures for safe storage and stock rotation, and
- education and training of staff involved (interview).

☞ C. Our GP(s) and staff can describe how risks of potential cross infection are managed within our practice, including procedures for:

- hand hygiene
- managing a sharps injury
- safe storage and disposal of clinical waste including sharps
- managing blood and body fluid spills
- monitoring ongoing adherence to these processes (interview).

☞ D. Our GP(s) and staff can describe:

- the routine used by our practice for cleaning, disinfecting and decontaminating the clinical and non-clinical areas of our practice
- standard precautions
- additional precautions (interview).

☞ E. Our practice has a written policy that outlines our practice's infection control procedures (document review).

☞ F. Subject to their informed consent, the immunisation status of our staff is known and staff members are offered immunisation appropriate to their duties (document review, interview).

☞ G. The induction of new staff to our practice ensures they are familiar with standard precautions against infection and other issues appropriate to their duties (document review, interview).

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Questions to follow.

**Review the practice Infection Control System.**

- 84. Does your practice have policies and / or procedures to manage potential cross infection risks?
- 85. Are infection control procedures incorporated in your orientation / induction program?
- 86. How do you evaluate or assess whether staff have the appropriate education, knowledge and skills to be responsible for sterilisation?
- 87. Does your practice have a documented sharps injury policy and procedure?
- 88. Are all doctors, practice support staff and others involved in the clinical care of patients offered appropriate immunisations?

**Your questions / comments:**

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